2019 - 10 - M1 - 0M - 00M00767

FEC FORM 2 STATEMENT OF CANDIDACY

REBEIVEU FEE MAIL GENTER

(a) Name of Candidate (in full)	2019 001 31 間事同	
DANTEL JOHN CHRISTMANN	T	
(b) Address (number and street)	2. FEC Candidate Identification Number	
(c) City, State, and ZIP Code	3. Is This New Amended	
BROOKLYN NY 11211	3. Is This New Amended Statement (N) OR (A)	
4. Party Affiliation 5. Office Sought 6. State & District of Candidate		
LIBERTARIAN PRESIDENT OF U.S. NEW YORK		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE		
7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 election(s).		
NOTE: This designation should be filed with the appropriate office listed in the instructions.	(year of election)	
(a) Name of Committee (in full)		
CHRISTMANN FOR PRESIDENT		
(b) Address (number and street)		
589 E S6th St		
(c) City, State, and ZIP Code		
BROOKLYN, NY 11203		
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)		
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my		
candidacy.		
NOTE: This designation should be filed with the principal campaign committee.		
(a) Name of Committee (in full)		
(b) Address (number and street)		
(a) City Clate and 7ID Code		
(c) City, State, and ZIP Code		
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.		
Signature of Candidate	Date	
	10/30/19	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.		
NO IE: Submission of faise, erroneous, or incomplete miormation may subject the person signing this Statement to penalties of 52 U.S.C. §30109.		
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9-00068	FEC FORM 2 (REV. 02/2009)	

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COD Fee

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10-20-DIS

TO SO AM 3:00 PM

10:30 AM Delivery Fee

Receipt Fee

Live Animat Transportation Fee

- Sunday/Holiday Delivery Required (additional-fee, where evailable")

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Employee Signature

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Received from Senate Public Records Office	Date of Receipt	
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Other (Specify):	Receipt or Postmarked	
nl	10-31-19	
PREPARER (3/2015)	DATE PREPARED	
(3/2015)		